CANDIDATE COMMITTEE COVER PAGE

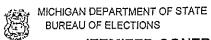
FOR OFFICIAL USE ONLY

COVER PAGE			
neport must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and candidate	by 3. This Statement covers:	rom 7-20-2015	8-1-5012
1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.
150 590	Sibley	Chad	A analicable)
2. Committee Name		District # or Community Served (If Say City Commission	
Friends of Chad Sibley	·		
	4b. County of Residence 6. Treasurer's Name & Residence	Vantial Address	
5. Committee's Mailing Address		Q	
804 citchfield	Chad A. Sibli 804 Litchfie	1 2 3	LED CIRC S SEP
Bay City, MI 48706	_ '	1 =0	4 CEC
Area Code and Phone 989 - 450 - 4538	Bay City, N	7 10 706 P	2 100
Area Code and Phone If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 98	9-450-4938	A &
7. Treasurer's Business Address	8. Designated Record Keepe	er's Name and Mailing Address (If	the committee has a
804 Litchfield	Designated Record Keeper)		
Bay City, MI 48706	Ehad 5,66	X	
Bay eny, ms to no	804 Litchfield		
	Bay City, MI		
Area Code and Phone 989 - 450 - 4538	Area Code and Phone	89-450-4538	
9. TYPE OF STATEMENT		9e. Dissolution of Candidate	Committee
9a. Pre-Election OR 9b. Post-Election is not a	ed ONLY if candidate on the ballot for the	By checking this item I/We	
Curren Pre-Election or Post-Election Statement relates to:	, year:	by the committee to the candida by discharged and forgiven and the committee. The committee	no longer collectible from
Primary July	Quarterly	owes no lates fees or has any or	•
	ber Quarterly	Further, if the dissolution cannot	, be granted, that this be
Convention		considered a request for the Rep	porting Waiver.
	Annual Statement ()		
School	Coverage Year	Effective date of disso	lution
Caucus	Amendment to Campaign Statement Complete Item 9a, 9b, 9c or 9e to ndicate which Statement is being	Note: The disposition of residual	I funds must be reported on
	mended.)	Schedule 1B and the Summary	Page.
Date of Election, Convention or Caucus	·		į
August 4th, 2015			, \$
	· i		
Verification: I\We certify that all reasonable diligence was a	used in the preparation of this stateme	ent and attached schedules (if any	y) and to the best of
ny\our knowledge and belief the contents are true, accurate a	nd complete.	, ,	
nt Treasurer or Chad A. Sibley			8-24-2015
Type or Print Name	Signature () ()		
Candidate Chad A. Sibley	, Char still) Date	8-24-2015
Type or Print Name	Signature	<u> </u>	

SUMMARY PAGE

2 committee Name Friends of Chad Sibley

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - ло Schedule)	(3b.) \$ NOT APPLICABLE	72
c. Subtotal of "Contributions"	(3c.) \$175 **	(18.) \$ 16 33
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ [633 72
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	26	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2 (3	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	- 07
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 213 26	(23.) \$ 43 5
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10h)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10D.) \$	- (24) e
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.)	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 213 <u>26</u>	
b. Owed to the Committee (Schedule 1E)	(12a.) y	-
or critical to the committee (concerns 12)	(12b.) \$BALANCE STATEMENT	_
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$ 736 91 (14.) + \$ 175 00 (15.) = \$ 911 91 (16.) - \$ 213 $\frac{26}{65}$ (17.) \$ 698 $\frac{65}{65}$	



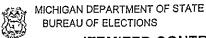
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Committee I.D. Number | 150 590

2. Committee Name	Friends	of	Chad	Sibley	_

Enter contributor's name and address. middle initial. Check box to indicate if committee (PAC) Report all contributions	If contribution is from an individual, enter last name, first name, contribution is from a Political Committee or an Independent ons regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Recei	ot? YES 4. Date of Receipt 7 - 30 - 20 15	<u></u> -	
Brian Langgan 4288 Zimmer Rdi		66	e.
· ·		\$ 25 °°	\$
Bay City, MI 48706 5. If over \$100.00 cumulative, please	provide:	071111	11141
Occupation	• • • • • • • • • • • • • • • • • • •	Click Here to	or Memo Itemization
Business Address		•	
Type of Contribution: Direct	Loan from a person Fund Raiser	Ticket #10	095
3. Contribution #2 PAC Receipt	YES 4. Date of Receipt 7-30 - 2015		•
Name & Address			
Brian Lanagan 4288 zinner Rd.		25 10	C 20
		s_25 ^{sss}	\$ 50
Bay City, MI 48706			** In T. 15 .
5. If over \$100.00 cumulative, please p	rovide:	Click Here to	r Memo Itemization
Occupation	Employer		
Business Address		•	
Type of Contribution: Direct	Loan from a person Fund Raiser	icket # 009	(
3. Contribution #3 PAC Receipt? Name & Address: Doug Sommer Wenona	YES 4. Date of Receipt 7-30 - 20 15	ş <u>25</u>	\$
Bay City, MI 48706 5. If over \$100.00 cumulative, please pa	· ovide:	Click Here for	Memo Itemization
Occupation	Employer		
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt?	YES 4. Date of Recelpt	·	
MI MAN	pp.	S KENDI PARA	s
BANDARY , MAY SURPLY AND SURPLY A			
. If over \$100.00 cumulative, please pro	ovide:	Click Here for I	Memo Itemization
Occupation	Employer		
Business Address	·		
Type of Contribution: X Direct	Loan from a person Fund Raiser		
	Page Subtotal	7500	
		[75.00] Enter this total on	
ane 2 of		line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150 590

2. Committee Name Friends of Chad Sibley

`)/((D(D)(() =	•••••				
middle Initial, Check	pox to indicate if co	contribution is from an ntribution is from a Polit s regardless of amount.	individual, i ical Commi	enter last name, first name ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Gny Krako	PAC Receipt	YES 4, Da	te of Recel	ot 7-28-2015		
1845 S.E. B	المال				s 25 00	. <u>60</u>
					\$ 25	s 25
Essexville, M 5. If over \$100.00 cum	L 76/50 nulative, piease pr	ovide:	٠	•	Oliale Hara f	or Momo Homization
Occupation	•			•	Click Here i	or Memo Itemization
Business Address					er e Va	30 o
Type of Contribution:	Direct	Loan from a perso	on X	Fund Raiser	Ticket 40	073
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	e of Receip	7-28-2015	_	•
Ct. Comoto	n	e .			P:A	~~*
1752 W. Ger	nan Rd.				s 25 ==	s 25
Bay City, M	7 40708	- 9631			' <u></u>	1
5. If over \$100.00 cum	Listive please pro	vide:			Click Here fo	r Memo Itemization
i	·				- W-11111111111111111111111111111111111	
Occupation		_ Employer	· · · · · ·			
Business Address						*O16
Type of Contribution:	Direct	Loan from a persor	, X	Fund Raiser	Ticket # 0	019
	PAC Receipt?	YES 4. Date	e of Receip	7-28-2015	- 	
Name & Address:					.00	
Nancy Smith 891 N. Jones	P.)	•	•		s 25 -	25
• •					·	<u> </u>
Essexville, 1		، بالمارة			Click Here for	Memo Itemization
5. If over \$100.00 cum	liative, piease pro			•		
Occupation		Employer				
Business Address	7	<u> </u>	. (7.7)		Ticket # 0	00 m
Type of Contribution:	Direct	Loan from a persor	بجن			000
Name & Address		YES 4. Date	e of Receip	7-28-20	ð (<i>5</i> -	
Charlie Smit	ή 01				80_	· ø6
891 N. Jones					s 25	s 25
Essexville, MI	48732				•	·
5. If over \$100.00 cumu	lative, please prov	/ide:			Click Here for	Memo Itemization
Occupation		. Employer		·		
Business Address				· ·		_
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser	7:cke+ # 008	7
				Page Subtota	100 00	
			Grand	I Total of All Schedules 1A	80	·
	-			on last page of Schedule	Enter this total on	
1	e e		•		line 3a of Summary	•
Pageof	•				Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

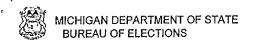
1. Committee I. D. Number 150 590

 ommittee Name		40	Chad	S:Plex		
4. Purpose (Re	quired Informa	tion)		5. Date	6. Amount	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			^^
Name Staples		7 - 28	\$ 27 ⁹¹
	Purpose: Office Supplies	Date	<u> </u>
Address 4021 N. Euclid Avenue		Here for Mem	o Itemization Type
Buy City, MI 48706		TIBLE TO THOM	o tomization typo
7 17 7 47 5	Check box if this expenditure is payment o	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			27
Name Vista Print		7 - 28	s 185
41214 1C144	Purpose: Banners	Date	·
Address	Purpose:		
Online purchase www.vistaprint.com	Click	Here for Memo	Itemization Type
www.vistaprint.com		•	
	Check box if this expenditure is payment of debt or obligation reported on previous	•	
Fund Raiser	statement		
Expenditure #3			
Name Malle		S ALKATIKA	WALL STATE
	Aree on Thillietin	Date	\$ MULT
Jress Market Market Market	Purpose: KHAA) MAKAAA	Date	•
MANUMAN MANUMANUMAN MANUMAN MANUMAN MANUMAN MANUMAN MANUMAN MANUMAN MANUMAN MA	Click	Here for Memo	Itemization Type
Whites and an and the the contract of	Check box if this expenditure is payment of		•
r¬	debt or obligation reported on previous		•
Fund Raiser	statement		
Expenditure #4			
Name			•
		Date	\$
Address	Purpose:		
	Click I	lere for Memo	Itemization Type
	<u> </u>		
r	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
		Date	\$
Address	Purpose:	Date	
	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
1 and reason		tal this page	212 26
	Subto	tal this page	415
••	Grand Total of all S (Complete on last page		213 ²⁶
	(Complete on last page	or ouredure)	Enter this total

Enter this total on line 8a of Summary Page

Page ____ of ___



DEBTS AND OBLIGATIONS 1. Committee LD. Number

150590

	Continues i.b. Namber	-		
SCHEDULE 1E	Fria d	ls of Chad	Sibley	
CANDIDATE COMMITTEE 2.1	Committee Name	15 01 0.74		
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the cor (Che	eck either a or b. Use only for the p			
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus)
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Indicate original amount of debt			Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Office Supplies	20 s		
Chad Sibley	しょく Date Debt Was Incurred:	\$ \$	· O am	2¢
804 Litchfield	7-28-2015	7 -28 \$ 18527		213
Bay City, MI 48706	6. Original Amount of Debt:	7-28 s 27 99	\$	FORGIVEN
If bank loan, name of endorser or guarantor:			unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type:			
	5. <u>Date Debt Was Incurred</u> :			
	6, Original Amount of Debt:	\$	ė.	\$
	\$	\$, ¥ <u> </u>	
	V	\$		FORGIVEN
If bank loan, name of endorser or guarantor:	MITTER THE	Am	ount Endorsed: \$	
Debt #3 Corp? Yes	4, Type:	\$		
Owed to or by:	5. Date Debt Was Incurred:	\$,	:	
	or party posterior	•		
	6. Original Amount of Debt:		\$	\$
	\$	\$		FORGIVEN
	· ·	\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	213 26
(Cr	omplete on last page of Schedule s	Grand Total o howing amounts owed by or	f all Schedules 1E to the committee)	213 26
· ·				Enter this total on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedu	le if there was an outstanding an	nount owed on it at the clo aion Statement.	sing date of	"owed to" of the